

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)**ATTORNEY'S
DOCKET NUMBER**
P05,0224

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"MOBILE DATA TRANSMISSION METHOD AND SYSTEM"

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).
- ☒ was filed as PCT international application :
Number PCT/EP2004/000505
On January 22, 2004
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Germany	103 02 449.2	22.01.2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Germany	103 50 647.0	29.10.2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)
 (Includes Reference to PCT International Applications)

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 P05,0224

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (If any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint all Attorneys identified by United States Patent & Trademark Office Customer Number 26574, who are all members of the Firm Schiff Hardin LLP.

Send Correspondence to:

SCHIFF HARDIN LLP
Patent Department
6600 Sears Tower, Chicago, Illinois 60606-6473

Direct Telephone Calls to:

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE 02.08.05

DATE

DATE

10.08.2005

ATTORNEY'S DOCKET NO.
P05,0224

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SIGNATURE OF INVENTOR 206

DATE _____

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Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NO. P05.0224	
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Send Correspondence to: <div style="text-align: center;"> SCHIFF HARDIN LLP Patent Department 6600 Sears Tower, Chicago, Illinois 60606-6473 </div>				Direct Telephone Calls to:	
201	FULL NAME OF INVENTOR	FAMILY NAME KAMPERT	FIRST GIVEN NAME WERNER	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Alter Teichweg 9h	CITY Hamburg	STATE & ZIP CODE/COUNTRY 22081 Hamburg Germany	
202	FULL NAME OF INVENTOR	FAMILY NAME KNEE-FORREST	FIRST GIVEN NAME PAUL PAVEL	SECOND GIVEN NAME <i>[Signature]</i>	
	RESIDENCE & CITIZENSHIP	CITY Louny	STATE OR FOREIGN COUNTRY Czech Republic	COUNTRY OF CITIZENSHIP Czech Republic	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Petra obrovce 2261	CITY Louny	STATE & ZIP CODE/COUNTRY 44001 Louny, Czech Republic	
203	FULL NAME OF INVENTOR	FAMILY NAME BIEBER	FIRST GIVEN NAME WOLF-RÜDIGER	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Wuppertal	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Brambecke 81	CITY Wuppertal	STATE & ZIP CODE/COUNTRY 42399 Wuppertal, Germany	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
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SCHIFF HARDIN LLP
Patent Department
6600 Sears Tower, Chicago, Illinois 60606-6473

Direct Telephone Calls to:

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME STAMM	FIRST GIVEN NAME EGBERT	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Solingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Küllersberg 6	CITY Solingen	STATE & ZIP CODE/COUNTRY 42653 Solingen, Germany
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE